

HGS Revenue Cycle Management, Financial Clearance for First-Dollar Impact

HealthCARE[™]
Partnering for Better Outcomes

Demand for lower patient turn-around times, better quality demographics and insurance information, and improved point-of-service (POS) financial counseling spell a changing environment that requires expert support.

HGS can help by verifying coverage, documenting preauthorizations, and preparing POS materials for your financial counselors.

HGS provides financial clearance services to maximize point of service collections and initial billing acceptance rates by verifying eligibility, benefits, and patient liability for scheduled clinical services. The team's efforts are supported by a robust quality review process prior to claims drop, and some of the best analytics in the business. We drive real results: net revenue increases, reduced bad debt, and an optimized customer experience.

HGS Capabilities

HGS RCM financial clearance services include:

Insurance Eligibility and Benefits Confirmation

- Validate accuracy of policy and group details and subscriber and guarantor information.
- Verify coverage period.
- Verify COB information.

Identification of Patient Liability

- Calculate patient balance from copay, coinsurance, and benefits.
- Verify in-network and out-of-network benefits.

Pre-Certification/Authorization

- Verify authorization requirements and coverage dates.
- Obtain status of the previously initiated authorization request.

Referral Verification

- Verify referral requirements, work with physician offices to obtain required referrals.

Augmenting our financial clearance services, HGS also offers revenue cycle services that assist in supporting patient access, health information management and patient financial services. These solutions enable technologies that power new age healthcare systems.

"I must say that, over my 15-year tenure in the healthcare industry, I have never been as impressed with an external business partner as I have been with HGS."

Head of Customer Service
- Leading US Southeastern Hospital

40

Long-Term Clients Served in the Last 15 Years

15

Year Veterans in Financial Counseling

95+%

Financial Clearance Quality and Productivity

8,000+

Dedicated Healthcare Professionals

Tangible and Measurable Results



- Improved turn-around time, allowing your team to focus on the patient's needs
- Reduced bad debt by preventing administrative denials
- Review of all patient liability factors to ensure best POS collection outcome
- Improved quality of data inputs, resulting in accelerated account processing, ensuring improved cash flow and patient satisfaction

Proof Point

HGS RCM Delivers 95-Plus % Financial Clearance, Quality

In September 2009, one of America's Top Ten healthcare systems was looking for a financial turnaround. They looked to HGS for financial clearance support and expertise. HGS launched the partnership with these key services:

- Verification of insurance eligibility, verifying benefits information, and obtaining authorization for outpatient (excluding same day surgery) and emergency visits
- Scheduled Visits: Accounts needed to be cleared one week prior to date of service
- Unscheduled Visits: Accounts needed to be cleared within 1 day from date of service
- Maintain FCC clearance rates at 90% and above for both past and future dates of service
- Clearing any accounts on billing hold due to front-end edits
- Referral of any accounts requiring patient contact to the client's financial counseling team

Breakthrough results have included:

- HGS achieved financial clearance rates in excess of 95%, for both retro and prospective dates of service, and quality score above 97%
- Initially, the client entered into a contract with EBOS for 9 months and then continued with yearly contract extensions.
- The HGS RCM team has provided value-add inputs to the client, such as data on services that did not need authorization based on payer/ plan
- The successful partnership expanded to include an additional scope of work, including assistance with pre-registration, hospice accounts and pre-billing edits

Hinduja Global Solutions Limited (HGS) was ranked as a "Leader" in the NelsonHall Vendor Evaluation and Assessment Tool (NEAT) for Customer Management Services (CMS) in Healthcare under both Payer and Provider categories.

Vicki Jenkins, CMS Industry Analyst with NelsonHall, said "HGS currently provides a wide portfolio of offerings and is looking to the future, as it supports its healthcare payer and provider clients."

About HGS

A global leader in business process management (BPM) and optimizing the customer experience lifecycle, HGS is helping make its clients more competitive every day. HGS combines technology-powered services in automation, analytics and digital with domain expertise focusing on back office processing, contact centers and HRO solutions to deliver transformational impact to clients. Part of the multi-billion dollar conglomerate Hinduja Group, HGS takes a true "globally local" approach, with over 44,265 employees across 70 delivery centers in seven countries making a difference to some of the world's leading brands across nine key verticals. For the year ended 31st March 2018, HGS had revenues of Rs. 38,494 million (US\$ 597 million).

Visit www.teamhgs.com to learn how HGS can help make your business more competitive.

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